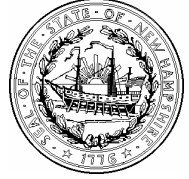


STATE OF NEW HAMPSHIRE
Department of Environmental Services
Air Resources Division

Form
GSP-1



General Facility Information All Registrations
General State Permit Registration Information

I. Facility Information - Complete the following:

- A. Facility Name: _____
- B. Mailing Address: _____
Town/City: _____ State: _____ Zip Code: _____
- C. Physical Address: _____
Town/City: _____ Zip Code: _____
- D. Contact Person: _____
- E. Telephone Number: _____ F. Fax Number: _____
- G. E-mail Address: _____
- H. Facility Owner: _____
- I. Mailing Address: _____
Town/City: _____ State: _____ Zip Code: _____

II. Attachments - Attach one of the following documents:

- ☐ A copy of the deed, if the property is owned by the source.
- ☐ A copy of the lease, if the property is leased by the source.
- ☐ A copy of any option agreement, if the property is under an option to buy.

III. Devices - Complete the following and attach appropriate specific registration forms:

A. Type of General State Permit Requested (*Source Category of requested General State Permit*):

B. Device Description (*name that source uses for device(s), attach specific registration form(s)*):

IV. Statements/Certifications - Check all boxes and sign all certifications where required:

To be completed by a responsible official only.

- ☐ The devices listed in Section III.B meet the applicability criteria for the source category listed in Section III.A, and the source requests to have these devices covered under the General State Permit for this source category.

Print/Type Name: _____ Title: _____

Signed: _____ Date: _____

- ☐ I am authorized to make this submission on behalf of the affected source or affected units for which this submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the information submitted in this document and all of its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

Print/Type Name: _____ Title: _____

Signed: _____ Date: _____